

APPLICATION FORM

Contact Name _____ Daytime Phone (____) _____

Neighborhood _____ Today's Date _____

Local Address _____

Which neighborhood street(s) are of concern? _____

What traffic problems have you identified affecting the above street(s)? _____

How many property owners did you identify in your petition area? _____

Have you received the minimum required (greater than 70%) signatures on your petition form?

Yes ☐ No ☐

What signature percentage have you received? _____ %

Please return the completed application form along with the signed petition forms to:

Town of Davie Engineering Division

6591 Orange Drive

Davie FL 33314-3399

Telephone (954)797-1113

FOR OFFICIAL USE ONLY

Project Number _____ Date Application Received _____

Date Preliminary Analysis Completed _____ Identified Problems: ☐ Exist ☐ Perceived

Date Final Analysis Completed _____

Date of Project Presentation to Town Administrator _____

Town Administrator Action: Favorable Unfavorable

Date of Project Implementation: _____

Project Review Date _____ Project Successful: ☐ Yes ☐ No